Notary Public

STATE OF ALABAMA DEPARTMENT OF INSURANCE

ANNUAL PREMIUM TAX STATEMENT – HEALTH MAINTENANCE ORGANIZATION

for the Year Ending December 31,

INSTRUCTIONS INSTRUCTIONS

<u>PENALTIES</u> – Any Company failing to file its <u>Premium Tax Return</u> (even when no tax is due) or failing to pay such taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner. ANY COMPANY, OTHER THAN A FRATERNAL, FAILING TO FILE THE <u>ANNUAL STATEMENT</u> ON A TIMELY BASIS SHALL BE SUBJECT TO A PENALTY OF \$250 AND MAY HAVE ITS CERTIFICATE OF AUTHORITY SUSPENDED OR REVOKED. Fraternals shall be subject to a penalty of \$100 per day for each day the Annual Statement is late.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Include two (2) forms of supporting documentation for each credit taken on the reverse side.
- () Make checks payable to the: Alabama Department of Insurance. WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.
- () Please submit **TWO CHECKS:** one in payment of Fees, and one in payment of Premium Taxes due the State of Alabama.
- () Please mail the following documents to the address below: Annual Premium Tax Return and checks, Annual Financial Statement, and the Application for License Renewal. **These items should be mailed together.**

POSTAL SERVICE

My commission expires

Alabama Department of Insurance c/o Compass Bank P. O. Box 830691 Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance c/o Compass Bank 701 South 32nd Street Birmingham, AL 35233

NAIC#	COMPANY NAME	
	RSON	
Γ	LICENSE RENEWAL	FEES
	FEES: Renewal of Certificate of Authority (HMO\$205) Annual Statement Filing Fee: (HMO\$20)	PJ \$
STATE OF	, COUNTY OI	F
	, President and	Secretary
foregoing state	orn, each for himself, deposes and says, that they are the ement of business transacted during such year and showing t according to the best of their information, knowledge and	g the true status of same on December 31, of such year, is
Subscribed &	sworn before me this	President
Day of		Secretary

STATE OF ALABAMA DEPARTMENT OF INSURANCE

HEALTH MAINTENANCE ORGANIZATION

For the Year Ending December 31,

NAIC#

PREMIUMS less DIVIDENDS & RETURNS

1.	HEAI a) G	TH: roups with less than 50 participants	GL50 \$	X <u>.5%</u> = \$
	b)	Other Health	ОН \$	
		LESS: Medicare & Medicaid Supplement policies	MMP \$	
		LESS: Employer sponsored plans for govt. employees	EGP \$	
		Total Taxable Other Health	TOP	X <u>1.6%</u> = \$
2.	GROS	SS PREMIUM TAX DUE:		\$
3.	***Dl	EDUCTIONS/CREDITS		
	a)	Ad valorem taxes paid on property of		
	b)	the insurer's principal office in Alabama \$		
	c)	Ad valorem taxes paid directly or in a third-party landlord on the insurer's apportioned by the square foot area or	the form of rent to soffices in Alabama,	ADV \$lines 3a – 3c
	d)	All assessments paid during the year	to the Alabama Health Insurance Plan	АНІР \$
	e)	All examination expenses paid to the	Alabama Commissioner of Insurance	EXAM \$
	f)	60% of Alabama franchise or privileş	ge taxes paid	FT \$
	g)	20% of Guaranty Fund Assessments	for each of 5 years following the year of payme	
4.	Tota	Total Deductions (lines 3a – 3g)		Totaled
5.	NET PREMIUM TAX DUE (line 2 less line 4; if line 4 is greater than line 2 enter zero) \$			
6.	LESS: Quarterly Premium Tax Payments \$			
7.	LESS: Prior Year Overpayment			<u>\$</u>
8.	PREMIUM TAX PAID (line 5 less lines 6 and 7)		PA \$	

^{**} Line items 1a and 1b-(tax-exempt premium only) require supporting documentation. A *policy run*, which can be obtained from the Company's underwriting unit will suffice as documentation.

^{***} Lines 3a – 3g require two forms of documentation. If documentation is not included, the deduction will not be allowed. All documentation must include a canceled check or verification of EFT payment. The second form of documentation may include a bill, an assessment, or a tax return.